

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90584 036 ****50.00

DOCUMENT # L00000002592

1. Entity Name

FAIR HAVENS CENTER, LLC

Principal Place of Business

**3737 WEST ARTHUR AVENUE
 LINCOLNWOOD IL 60712**

Mailing Address

**3737 WEST ARTHUR AVENUE
 LINCOLNWOOD IL 60712**

2. Principal Place of Business

201 Curtiss Parkway

3. Mailing Address

Suite, Apt. #, etc.

City & State

miami Springs, FL

City & State

Zip

Country

33166-5291 USA

Zip

Country

4. FEI Number

58-2538665

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES INC.
 201 S. BAYSHORE BLVD., DTE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Norman Ginsparg**

Street Address (P.O. Box Number is Not Acceptable)

11190 Biscayne Blvd (North Tower)

City **No. Miami**

FL

Zip Code **33181**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

4-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
 NAME **LARKIN HEALTH SYSTEMS, LLC**
 STREET ADDRESS **3737 WEST ARTHUR AVENUE**
 CITY-ST-ZIP **LINCOLNWOOD IL 60712**

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TITLE
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10. ADDITIONS/CHANGES

TITLE **MGRM**
 NAME **Fair Havens Holding Company, LLC**
 STREET ADDRESS **3737 West Arthur Avenue**
 CITY-ST-ZIP **Lincolnwood, IL 60712**

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

4-26-02

847-674-1946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)